



# State of New Hampshire

## 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/19/2015  
Business ID: 255320  
William M. Gardner  
Secretary of State

DORNIER MEDTECH AMERICA, INC.

1155 ROBERTS BOULEVARD  
KENNESAW, GA 30144

### ADDRESS OF PRINCIPAL OFFICE:

1155 ROBERTS BOULEVARD  
KENNESAW, GA 30144

### REGISTERED AGENT AND OFFICE:

National Corporate Research, Ltd.  
63 Pleasant Street  
Concord, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 255320

STATE OF DOMICILE: GEORGIA

RESEARCHING, DEVELOPING, MANUFACTURING, MARKETING,  
SERVICING..HEALTH CARE SYSTEM

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 1155 Roberts Boulevard, Suite 100, Kennesaw, GA 30144

☒ The new principal office address 1155 Roberts Boulevard, Suite 100, Kennesaw, GA 30144

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Paul Jernigan  
STREET 1155 Roberts Blvd., Suite 100  
CITY/STATE/ZIP Kennesaw, GA 30144

NAME  
STREET  
CITY/STATE/ZIP

NAME  
STREET  
CITY/STATE/ZIP

NAME  
STREET  
CITY/STATE/ZIP

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Wong Yau Chung  
STREET 189 Bukit Batok West Avenue 6, # 08-29  
CITY/STATE/ZIP Singapore 650189

NAME Mary Butler  
STREET 946 Cochran Street  
CITY/STATE/ZIP Charleston, SC 29492

NAME  
STREET  
CITY/STATE/ZIP

NAME  
STREET  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

Paul Jernigan

/ VP/Sec/Treas

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire

Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM IS  
PUBLIC DOCUMENT  
REQUIRED INFORMATION



T1508455053

WILL BECOME A  
PUBLIC DISCLOSURE  
IF WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301